

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10-049,933  
FILING DATE  
APPLICANT(S)

	CLAIMS											
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2	1						52	1				
3							53	1				
4	3						54		1			
5	1						55		1			
6	1						56		1			
7	1						57	1				
8	1						58		1			
9	1						59		1			
10	1						60	1				
11	1						61	1				
12	1						62		1			
13	1						63		1			
14	1						64		1			
15	1						65		1			
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20	1						70					
21	1						71					
22	1						72					
23	1						73					
24	1						74					
25	1						75					
26	1						76					
27	1						77					
28	1						78					
29	1						79					
30	1						80					
31							81					
32	1						82					
33	1						83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48	1						98					
49	1						99					
50	1						100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.	3				
TOTAL CLAIMS							TOTAL CLAIMS	32				

BEST AVAILABLE COPY